ANNUAL REPORT
1974

MASSACHUSETTS

Department of Mental Health

190 Portland Street
Boston 02114

Publication #8237
Approved by Alfred C. Holland, State Purchasing Agent

Compiled and prepared by
the DMH Public Information
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ANNUAL REPORT

OF THE

MASSACHUSETTS

DEPARTMENT OF MENTAL HEALTH

This annual report was undertaken during the tenure of William Goldman, M. D., who served as mental health commissioner from September 1, 1973 to April 9, 1975.

He was succeeded in office on April 10, 1975 by Lee B. Macht, M. D.

The report covers calendar, rather than fiscal, year 1974 and is intended to present an overview only of main issues and system changes effected during the year by the department and its seven regional divisions.

Limitations in time and production have precluded more definitive reports as well as outlines on numerous other aspects of mental health and mental retardation activities and accomplishments. Of the latter, not the least involves the important and effective role of citizens in helping plan and implement many of the programs undertaken on behalf of the mentally retarded and the mentally ill.

It is hoped that the material offered herein will be of sufficient scope and interest to all concerned and will provide a better grasp and understanding of the Department of Mental Health's mandate -- and, indeed, our state government's effort -- to be of service to those in need.

William V. Gorski
Public Information Officer

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INTRODUCTION

As we reaffirm our commitment to Chapter 735 and the creation of a statewide area based community mental health and retardation system, it is a privilege to offer for your consideration this effort of the Department of Mental Health.

We believe that the public is entitled to a clear and full accounting of the activities of the department. We trust that this will be the first of an ongoing series of annual reports and that, with this in mind, you will offer your comments, suggestions, and criticisms as to how these documents can be made most useful to you.

Regional administrators and central office division heads and section chiefs offer their summaries here of the past year. We hope it represents the reality of this period as faithfully as possible.

1974 was a year of great promise, awakening enthusiasm, and joining together in common purpose. The enhanced and strengthened alliance between concerned citizens, mental health providers, and the department holds great promise for the realizations of our common goals.

* William Goldman, M. D.
Commissioner

* Dr. Goldman was succeeded as commissioner on April 10, 1975 by Dr. Lee B. Macht.

ADMINISTRATIVE SERVICES

One of the major developments during 1974 was the planning and implementation of the fiscal year 1975 budget instructions. Several new policy decisions had to be planned for, the most significant of which was the integration of the parameters of program budgeting with existing State line item budget process. This required the formulation of a new account structure that would not only accomodate the increased distinction between mental health and mental retardation services, but also provide for the development of new federally funded community mental health centers, the advent of area directors and area administration, the unitization of the state hospital inpatient units, the transition to an area based mental health service delivery system and the movement towards a regionally based mental retardation service delivery system.

The Division of Administrative Services instituted several studies of the quality and ecomony of the institutions. A survey of the dietary services was completed, indicating several areas where food quality could be improved and prepared more efficiently. Another study was done of the laundry services which recommended that a regionally based laundry system could provide several institutions' laundry services while achieving considerable savings in personnel and equipment. Another report was prepared by the Engineering Division. They surveyed all institutional buildings and rated them on their general condition, structural integrity and suitability for rennovation. One result of this study was a list of buildings which are candidates for demolition and those for which savings in heating costs could be effected.

The Division played a role in the phase out of Grafton State Hospital. It worked closely with the Division of Mental Health Services to coordinate the smooth transfer of the patients to other placements and the transfer of the Grafton maintenance staff to equivalent positions in other institutions.

Also, in 1974, we saw the completion of the planning for the new Solomon Carter Fuller Mental Health Center building, scheduled to be opened during 1975. Particular tasks have been the preparation of an equipment list, planning for the telephone service and items relating to building security and maintenance, and space utilization.

Another development in 1974 was the initiation of a pilot outpatient billing procedure at Massachusetts Mental Health Center. After the problems had been worked out (which involves the use of the Department's computerized billing facilities) this system will be extended to include Lindemann, Solomon and Corrigan Mental Health Centers. Eventually other mental health centers will adopt it as well.

Finally, during the fall of 1974, the Division developed a system of controlling expenditures by requiring spending plans for every appropriation account. These plans, which are periodically updated, represent a way to control overall costs, both on a de-

partment wide basis and for individual accounts. By establishing Bottom-line spending limits, this provided local program authorities maximum flexibility to control the nature of their expenditures according to their best judgement while enabling the Department to exercise fiscal control.

In conclusion 1974 saw many changes in the area of fiscal and administrative procedures. For the first time in many years the subject of fiscal responsibility was clearly outlined and adhered to in all facets of our operation. This at the outset caused much confusion but when the crunch came and mandatory spending levels were imposed, the department's exercise of restraint in spending, especially at the -01 and -02 level was certainly a plus in our favor.

We look forward to the future in hopes that what we have projected for the remainder of the 1975 fiscal year is sound, that our preliminary budget request for the 1976 fiscal year will bear fruit and that we may be able to prepare for the 1977 fiscal year with some clear and concise guidelines.

Joseph M. Finnegan
Assistant Commissioner for Administrative Services

CHILDREN'S SERVICES

Children's services are the number one priority of the Department of Mental Health. Children's programs and services are found in the four major divisions of the department -- the divisions of mental health services, mental retardation, legal medicine, and drug rehabilitation. Two major pieces of legislation have affected the delivery of services to children in Massachusetts: Chapter 785, the creation of the Office for Children; and Chapter 766, the right to education and treatment for children. With the passage of these bills, the DMH felt it imperative to bring together the various divisions in a coordinated approach to the special needs child. To implement this policy as well as to develop a state plan for children, Mary Jane England, M. D., a child psychiatrist, was brought into the department as director of planning and manpower for children's services.

To emphasize the department's area and regional planning process, three central office staff members were transferred to new responsible line positions in the regions as children's coordinators. The other four regions also appointed children's coordinators. The office of director of children's services was established in the division of mental health services to enhance the capability of that division in developing and delivering much needed children's services.

Assistant Commissioner for Children's Services, Bellenden R. Hutcheson, M.D., participated as chairman of the State Mental Health Directors for Children and Youth (SMHDCY) in developing the Joint Commission on Accreditation of Hospital (JCAH) standards for children's services. In addition, Dr. Hutcheson was appointed to the American Academy of Child Psychiatry Professional Standards Review Organization (PSRO) Committee and participated in developing children's service standards which will be used for utilization review in hospitals for children.

Instruments which will be used by public school systems for the screening of the special needs child were developed over the year. Four public schools were used in this important effort.

With the department's increased emphasis on community-based services, the acute lack of programs for children is more apparent. For the first time, the budget format requested a break-out of expenditures for children. This clearly delineated the disporportionately low expenditures for the essential child mental health services. Children compose 40% of the population in the Commonwealth, but less than 12% of the Department of Mental Health budget is allocated for children's services.

For years the citizens on the area boards have recognized the paucity of children's services. Their repeated requests for funds to serve the needs of children and their families met with little response until fiscal year 1975 when the Department of Mental Health received "flexible funds" to purchase a variety of child mental health services. With overwhelming support, the legislature approved $1,100,000. The funds were appropriated to provide basic services for children such as outpatient clinics, emergency teams for crisis intervention, emergency shelter care facilities, foster home placements, adolescent community residences, and neighborhood group homes.

In 1974, for the first time, the children's mental health budget requests arose from the citizens themselves. The process began at the area board level, where the local citizens making up the board submitted what they had researched to be the most pressing needs for services in their particular area. These priorities were submitted to the Regional Council, composed of representatives of each area board, where decisions were made again as to the most pressing needs within the region. The central office views these priorities with an eye toward department-wide policy such as: deinstitutionalization; community-based alternatives to hospitalization; the implementation of Chapter 766, which will have a strong and positive effect on the delivery and quantity of children's services; and combatting the increasing rise in juvenile court appearances for both boys and girls.

Each of the areas is developing an integrated plan for children in cooperation with local office for children council. A developmental model will be used in designing these programs with particular emphasis on the following four stages: infant, pre-school, latency, and adolescence. Many areas still lack the essential services for children. As the budget is developed to best implement the area plan, the reallocation of the state hospital and state school resources should be used to develop children's programs as well as to develop community-based alternatives to hospitalization for adults.

In planning and budgeting for all children's programs, it will be critical to involve the other human service agencies as well as the local education authority. Many children

and families are eligible for a myriad of services. Cooperatively at the area level, staff and citizens will jointly develop programs for children and their families. A process is ongoing regarding clarification of the March 1974 Office for Children/Department of Mental Health Agreement. Citizen response was solicited and a final agreement is pending.

In the department's response to Chapter 750, the special education law which preceded and was replaced by Chapter 766, a number of "mini-schools" were developed and located throughout the Commonwealth - - five residential and twenty-seven day schools. The community-based therapeutic mini-schools serve over 500 children across the state who would otherwise be sent to residential treatment facilities some distance from home and at great expense. Mini-school programs vary, from those serving autistic children to those serving moderately disturbed adolescents who could benefit from vocational skills. The capacity of the mini-school ranges between ten to thirty-five children, depending upon the program.

The Department of Mental Health and Office for Children cooperatively provided a case manager to evaluate services for youth at Bridgewater State Hospital. The Bridgewater Treatment Alternatives Report recommended that the department develop the capacity to treat these youth. The department's response to this need was the planning and development of separate specialized regional programs for severely behaviorally disturbed, acting out adolescents associated with: Northampton Center for Children and Families, Northampton State Hospital, Worcester State Hospital, Gaebler Unit at Metropolitan State Hospital, Danvers State Hospital, Medfield State Hospital, a program for Bridgewater State Hospital youth which will be housed at the Solomon Carter Fuller Center under contract, and Taunton State Hospital. Some are operational and others are ready to become so. These facilities have cooperated in developing essentially separate programs for adolescents, both those currently in the state hospital and those needing services within the region, to enhance the stay and increase the quality of experience of the adolescent while in the state hospital setting. The department currently treats 60 children under 16 at the Gaebler Unit. About 120 adolescents between 14 and 18 are in adult units of the state hospitals.

Throughout the seven regions, there are 45 community-based clinics serving children and families. Each clinic has developed its own relationship to the local school system. Negotiations around medicaid reimbursement and partnership agreements were ongoing over the year. Because of deinstitutionalization and the need for community-based services, the community clinics which were initially developed for children and families have significantly increased their adult caseloads. In some cases, this has resulted in less service available for children.

In response to Chapter 766, the department developed a policy statement regarding implementation. A maintenance of effort agreement based on fiscal year 1974 expenditures ensured ongoing Department of Mental Health support for children's services to schools. Training programs were conducted for area and regional staff. A plan for the orderly transfer of the developmental day care program from the department to the local educational authority was developed, to become effective in September 1975. Department personnel sit on all Regional and State Review Boards. Dr. England represents the department on the State Advisory Committee for Chapter 766. Open dialogue and communication

have been maintained over the year between the Departments of Education and Mental Health.

The department has made strong commitment to secure federal funds for children's programs by submitting applications for grants and by maximizing use of funds allocated by the federal government to the state ona formula basis. In fiscal year 1975, $2,000,000 in Part F federal staffing grants for children's services was awarded to community mental health centers in Massachusetts.

M. J. England, M. D., Director
Planning and Manpower for Children's Services

DRUG REHABILITATION

Significantly more people were in treatment in drug programs funded by the Division of Drug Rehabilitation during fiscal year 1974 than in the preceding year.

The number of new admissions increased from 6,991 in fiscal year '73 to 9,213 in fiscal year '74. This is an increase of 31% as compared with average increased of 10% in previous years.

Preliminary data for fiscal year '75 suggests that the upward trend will continue.

The total number of programs funded with the state appropriation increased from 116 in fiscal year '73 to 124 in fiscal year '74. Hotline calls increased from 174,246 to 203,605; drop-in contacts increased from 136,503 to 168,835, and the average monthly census showed an increase of inpatients from 400 in fiscal year '73 to 565 in fiscal year '74.

There have been significant changes in the nature of that population as well. More young people are in treatment than in the past and the presenting problem has shifted from heroin use to a pattern of polydrug abuse, characteristically involving combinations of sedative-hypnotic agents, minor tranquilizers (promarily Valium) and alcohol.

Despite reports of the widespread availability of heroin and an increase in the admission rates of some methadone maintenance programs, the number of heroin dependents seeking treatment in the division's funded programs leveled off at approximately 14% of all admissions. Data from samples drawn by the Department of Probation from court records indicate also that arrest rates for heroin have decreased as have overdose death rates as reported by the State Police Laboratory. Deaths from barbiturates are up

over the same period. All such indicators are subject to question but the confluence of reports suggests that while opiate addiction is still a problem, the drug abuse trend is in the direction of use of legally manufactured pharmaceuticals in combination with alcohol by an increasingly youthful population.

In December of 1973, the first State Plan for Drug Abuse Prevention was submitted to the National Institute on Drug Abuse in compliance with Public Law 92-255.

In May 1974, two Formula 409 grants totaling $864,000 were received from N. I. D. A. for implementation of the Plan. Major issues included alternative education for potential drug abusers, expanded facilities for barbiturate detoxification, greater coordination between drug and alcohol rehabilitation efforts, programs for women and improved vocational rehabilitation and job development. A portion of these funds also provided additional Division staff. Expenditures were made early in fiscal year '75.

The plans developed for the first year's State Plan continue in effect and the Division will further accommodate these developments in four major program areas:

(1) special youth projects as alternatives to treatment,

(2) conjoint drug and alcohol detoxification, treatment and prevention programs,

(3) special services for drug dependent women, and

(4) community residential treatment placement for inmates of correctional institutions prior to parole, as well as expanding programming within correctional institutions themselves.

In recognition of the special needs of minority group members, the Division has made every effort to seek out and support through finding and technical assistance those programs which serve these groups. At present, such facilities are strategically located in Springfield, Worcester, Boston, Lowell, New Bedford, Fall River, Bridgewater, Framingham and Southbridge.

Further, the Division has implemented affirmative action in hiring, representation on boards, and general conditions for those in programs.

Matthew P. Dumont, M. D.
Assistant Commissioner for Drug Rehabilitation

FEDERAL AFFAIRS

In January of 1974, the Division of Federal Affairs was established within the Central Office of the Department of Mental Health and concerned itself with coordinating and improving Federal-State-local interfaces within and beyond the Commonwealth. Specifically, the Division accomplished the following:

1. Coordination and documentation of all DMH-MR grants involving partnership with the Federal Government. All current and proposed grants were reviewed in accordance with the Department's State Plan and A95 Review Process, as well as individually reviewed vis-a-vis program quality, fiscal viability, and federal eligibility.

2. Each congressional district within the commonwealth was studied and both existing and needed resources conveyed to each member of Congress. Additionally, a firm liaison has been established with the congressional delegation and their support of national legislation dealing with mental health has been unanimous.

3. Federal staffing (adult and children), hospital improvement, and construction (purchase and renovation) grants amounting to over 4 million dollars were awarded the Commonwealth during 1974; primarily focused on increased children's services as well as improved capability for community-based day treatment programs.

4. A most rewarding endeavor has been the Division's interaction with the Federal Region I staff of both the Alcohol, Drug Abuse and Mental Health Administration and the U. S. Public Health Service. A great deal of time has gone into establishing personal and professional relationships with Federal personnel, and sharing of philosophy and commonality of goals has greatly enhanced the Commonwealth's potential for use of Federal resources.

Current and future economic realities mandate increased accountability, coordination and integration within the multiple human service systems. Having established a firm foundation during its initial year of operation, the Federal Affairs Division will focus its efforts towards increasing the integration of human service delivery systems. Specifically, there has been continued development of a community mental health network in each of the Commonwealth's 39 catchment areas and integration of health and mental health with recently enacted Federal Social Service Legislation (Title XX) Federal urban mass transportation provisions, national and state-local housing legislation, as well as recent legislative provisions for education of the handicapped within the Commonwealth.

Edwin S. Sarsfield
Assistant to the Commissioner
Federal Affairs

MANPOWER DEVELOPMENT

The Department of Mental Health historically had devoted the bulk of its training resources to the preparation of psychiatrists. This training was almost exclusively conducted in the context of an institution and the focus was on the assessment and treatment of the adult emotionally disturbed. Furthermore, since the traditional training centers were located in the metropolitan Boston area, the training activity did not affect many of the Commonwealth's underserved regions.

The Department in moving strongly to implement a multi-disciplinary community mental health orientation in its delivery of services, re-evaluated its policy toward training in 1974. The Department's manpower needs were recognized as being much more broad than those being met by clinically trained adult psychiatrists, and the decision was made to change its policy toward the use of training resources and begin shifting the training emphasis.

Included among the specific unmet training needs identified for which programs were needed were: expressive therapies, administration and planning, emergency services and children's services, in addition to well formulated training in more relevant community-oriented clinical skills. Another strong need identified was for the training of minority group and especially Spanish-speaking professionals.

To begin the process of meeting the Department's manpower needs, the following steps were taken:

1. The psychiatric residency training program was modestly reduced and the funds reallocated for the training of other mental health professionals consistent with the Department's needs and orientation.

2. A licensed practical nurse training program was assessed to be obsolete and the funds (c. a. $100,000) were reallocated to the multi-disciplinary program. Additional nursing training resources were shifted to a new advanced nurse practitioner program.

3. Requests for proposals to meet the Department's training needs, emphasizing a multi-disciplinary approach in the context of a community mental health orientation and with a pronounced public service thrust, were solicited from educational institutions and service agencies throughout the Commonwealth. The selection of award-receiving proposals was made by a specially convened national "blue ribbon" review committee.

4. In recognition of the efforts outlined above, the Legislature appropriated for FY '75 a sum of $200,000 with the understanding that this new money would be used to support this new multi-disciplinary approach to training.

In addition to supporting, in whole or part, residency training of 148 psychiatric

fellows in fifteen facilities throughout the Commonwealth, an additional six multi-disciplinary training programs with 39 graduate students were initiated by the Department. All the training programs are integrated into Department of Mental Health programs, and the students are providing substantial amounts of direct and indirect service to the citizens of the Commonwealth.

In recognition of the need for professional resources to serve the Western part of Massachusetts, the Department initiated and supported the formation of the Western Massachusetts Training Consortium.

This new, broad approach to manpower training is designed to tie together major systems, public and private, to provide the kind of training which will result in improved and expanded mental health and mental retardation services in Regions I and II. This program will also facilitate the attraction of minority group professionals and other quality staff to Western Massachusetts, and will be a significant factor in their retention in what are now underserved areas of the Commonwealth.

The training programs, both new and continuing, are viewed as integral in shaping the Department's new image as a community-based deliverer of services which is responsive to the needs of minority groups, children and other underserved populations. All the agencies, institutions of higher education and Department of Mental Health personnel involved are committed to supporting the training effort, and view it as an essential Department activity for achieving both its long- and short-range manpower objectives.

Herbert Hoffman, Ph. D.
Director of Manpower Development

MENTAL HEALTH SERVICES

The Office for Mental Health Services was created by the Commissioner in September 1973, to coordinate and administer all mental health services delivered by the Department of Mental Health and its affiliates. Former Community Program staff and discipline chiefs were brought together and assigned to develop and supervise statewide each of the following basic and generic services:

Inpatient Services

Activity focused on communitizing the services and resources of the state hospital. This transition entailed the following: direct care staffing surveys, utilization reviews, inpatient classifications, technical assistance to hospitals phasing down and developing area inpatient services. Interdepartmental liaison work continued and centered on Title XVIII and XIX standards and regulations.

Outpatient

For the first time, the Department and its community partners have a formalized agreement that spells out the responsibility of each in running the local clinics. Also accomplished was the establishment of a rate and certification procedure which allows free standing mental health centers to bill welfare for Title XIX.

Partial Hospitalization

"Conditions for Participation" in the Title XIX program were finalized and are being trial-tested in evaluation of four existing day programs. Establishment of this reimbursable funding should put partial care programs on more stable footing.

Emergency Services

The focus of this service is not restricted to a traditional psychiatric model but encourages participation of various community caretakers such as police and fire departments. There is increasing coordination/cooperation between Mental Health and Public Health in the development of emergency services.

Community Residences

A second edition of "Developing a Community Residence" was printed. A test to determine "capability of self-preservation" was developed and implemented. With the assistance of federal money, a revolving bund was established to provide up-front and emergency capital to community residences.

Consultation and Education

The newly appointed C. and E. team first became familiar with existing programs. Activities then expanded to include technical assistance on development, expansion and evaluation of area programs. Potential funding sources and development and dissemination of C. and E. standards are also priority activities.

Volunteer Services

Volunteer services is monitoring federal funding mechanisms for "in-kind" matching funds for grants, developing "cost accounting" mechanism for volunteer time, monitoring federal and state bills pertaining to volunteers.

Rehabilitation

The major focus of the year's work was compliance with the Souder vs. Brennan decision, a court order eliminating "peonage" in state institutions and placing working patients and residents under the Labor Standards Act. Current work in process involves developing standards for rehabilitation programs.

Children's Service

Oversaw the planning for and expenditure of The Children's Flexible Money, a $1.1 million appropriation of contract money to be continued annually. Significant effort was spent working with other Human Service agencies and within DMH around implementation of Chapter 766, including a special project of getting core evaluations for the childrent (21 and under) in State Hospitals.

Geriatric Service

The goal of geriatric services is to establish a comprehensive network of services from home care to institutions by developing area expertise on the mental health needs of the elderly. This service focuses on coordination and liaison function. The designation of a full-time staff person at the central office will provide the beginning of a focal point for these efforts.

Aftercare

A survey has begun of 30 area aftercare programs An in-depth analysis is being done for all patients released from Foxboro since that phasedown began in January, 1974. A department policy on aftercare is being worked on and will try to incorporate the diversity of programs evidenced by the survey.

Program Budget/Administrative Services

Mental Health Services staff worked closely with other Central Office divisions in developing the department's first program budget. The specific format continues to be refined to further implement the concept and goals of a responsive community based mental health care system.

The task ahead for the Division of Mental Health Services includes the following:

Developing standards for basic specialty services.

Monitoring and evaluation of performance by these standards.

Refining the program budget format to facilitate growth of flexible programs.

Qualifying our clinical facilities to receive maximal third party reimbursements.

Assisting areas to apply for staffing grants and other special funds available.

Theodore I. Anderson, M. D.
Assistant Commissioner for Mental Health Services

MENTAL RETARDATION

The Division of Mental Retardation has been organized into four major sections: community services, evaluation and training, planning and information, and managerial services.

The community services section is subdivided into developmental services, residential services, and clinical support services.

Development services include community clinical nursery schools, developmental day care centers, day activity centers, sheltered workshops, early intervention and infant stimulation program, and the media resource center.

Residential services include state schools, regional centers, rehabilitation centers, community residences, group homes, foster homes, family care homes, nursing homes, rest homes and cooperative apartments.

Clinical/support services include medical services, social and support services, follow-along services and speech and hearing services.

MAJOR GOALS for 1974 and degree of their attainment were as follows:

Reduction of the population of the five, large residential facilities for the mentally retarded: Approximately 450 residents have returned to community living, primarily by placement in group homes and day programs funded by the Department on a contractual basis with private, nonprofit corporations.

Development of the intermediate care facilities/mentally retarded program under Title XIX of the Social Security Act: Individual plans of correction were developed following Department of Public Health and Department of Public Safety inspection of the facilities and writing deficiency reports. In addition, all mental retardation facilities are required under state law to be evaluated by the Joint Commission on Accreditation of Hospitals, Accreditation Council for Facilities for the Mentally Retarded. Two have already been evaluated and the others have applied and are awaiting team visits

The development of standards, regulations and guidelines for programs and services for mentally retarded persons: Revised standards for community residences and standards for day activity programs were completed and distributed. Standards for workships were worked on and are partially completed. Community clinical nursery school standards were revised and will be released soon.

A public education campaign plan was developed and brochures describing community programs have been printed and are ready for distribution. Other materials such as slides and videotapes will soon be available to assist in educating the public.

OTHER MAJOR GOALS attended to during 1974:

Strengthening of the community clinical nursery school programs through an extended day, increased staffing, and budget was partially achieved. Close to 50% of the classes are now running a full day program.

An Infant/Toddler Creative Play Center located at Worcester Regional Center at Shrewsbury, which will be a state-wide program, is practically completed.

The Media Resource Center located at Fernald State School produced material for public education, information, and outreach and was involved in public information telecasts.

The Instructional Materials Workshop gave technical assistance to parents, teachers, and other professionals who are developing new ideas for curriculum and different ways for helping retarded citizens to adjust more easily to community living.

In accordance with Chapter 766, the new special education law, provisions for C. O. R. E. evaluations were being made as well as plans for the orderly transfer of Day Care clients into local public school settings by September, 1975.

The training and evaluation section, during 1974 produced: a community residence model training program, a test for self-preservation for residents of group homes, a community residence evaluation form, a day activity program evaluation form, a data collection/reporting system for community clinical nursery schools, a developmental objective training manual, a training program module in assessment, and securing a vocational rehabilitation grant.

The division worked closely during the year with the Advisory Council for Planning, Construction, and operation or Utilization of Facilities for the Mentally Retarded. The council was first to bring to the division's attention, and pressed for resolution, the problem of overheating in most of the state school dormitory buildings. As a result, two temperature surveys were conducted which confirmed the problem. An engineering firm was hired to do a cost survey on rectification. Multimillion dollar estimates have emerged in their recommendations for correction.

The clinical/support services section concluded a second agreement between the DMH, DPW, and OFC, which was signed in August and provides for placement of 125 children from our institutions into alternative community living arrangements, either foster homes or group homes.

A partial social support system, regionally based, has been proposed, defined, and should be implemented in the early part of 1975. This will provide for the coordination of community resources, and follow-along services particularly for those retarded persons leaving the institutions.

THE MEDICAL SUB-SECTION of the clinical/support services section had three major goals during 1974:

Recruitment of clincal physicians for the State Schools and replacement of many of the physicians currently at the State Schools. This goal, partially attained, is expected to be reached completely by late summer, 1975.

Improvement of medical support services at the State Schools and defining what the specific needs are for the services. It is expected that contracts will be in place by June 1974 for support services such as dietary, laboratory, medical records system. X-Ray and physical therapy. The chief of medical services for the division worked closely with administrators of various medical schools to define the process for development of a tie-in of the State Schools with medical schools throughout the Commonwealth.

THE PLANNING AND INFORMATION section engaged in the following major activities:

Development of refined 1977 budget instructions.

Provision of citizen training completed in six regions.

Provision for technical assistance in regional planning was and will continue to be an ongoing process.

Development of information systems proceeded on schedule throughout the Commonwealth.

A cost analysis of both community programs and state school operations has been completed.

A data collection project began during the year and will be carried on in succeeding months.

A housing agreement is in the process of development.

During the fiscal year 75 the Legislature authorized $6.7 million for Federal Title XIX programs. This will enable us to improve and upgrade services to our mentally retarded in our state schools. Mental retardation is endeavoring to maximize participation in federal programs such as Title XIX to reduce costs to the Commonwealth without reducing services to our mentally retarded citizens in state schools and community programs.

In fiscal year 75 we have again entered into the interagency agreement with the Department of Public Welfare, Purchase of Service Unit, to receive federal reimbursement for all mental health retardation programs. Under this 75% reimbursement program, the department has claimed $14,777,036. It is once again anticipated that reimbursement will exceed this amount in fiscal year 76.

Lewis B. Klebanoff, Ph. D.
Assistant Commissioner for Mental Retardation

PLANNING

The newly created Planning Division has worked in three major areas:

1. development of a new integrated planning budget process and structure;

2. systematic and increased involvement of citizens in the new planning budgeting cycle;
3. a personnel reclassification project.

Prior to the fiscal year '76 budget cycle, planning and budgeting in the Department of Mental Health were done by separate persons with separate time tables at all levels - area, regional and central levels, During fy '76 planning process, (January to September 1974) the department made a policy decision to integrate planning and budgeting at all levels. A simultaneous policy decision by the department was that each catchment area was to become formally the nucleus for administrative, fiscal and clinical delivery of mental health services. To implement both of these decisions, a group of people, both program-oriented and business-oriented was formed in each area to collaboratively develop an area plan and area budget with similar task forces at regional and central levels.

Area boards, regional councils and the state advisory council became intimately and equally overworked partners in reviewing and establishing priorities, as well as critically examining established spending patterns of old funds.

As a consequence of fiscally integrating the state hospital unit with its total area program, a budget analysis could be undertaken comparing for the first time the varying amounts of money being spent in every area and region. This figure is known as the "per capita", and is the amount of money allocated from various accounts, divided by the number of persons in an area or region, thus allowing for standard comparisons. What has been found is that the "per capitas" between the areas and regions vary widely. Clearly, this information raises serious questions and forces a rational review of the present distribution of fiscal resources for mental health services.

In addition to increased citizen participation and input in the decision making around the planning-budgeting process, regular regional meetings were held by the commissioner with interested citizens for open and informal discussions of departmental policies, problems and progress. To this end, every effort was made to keep the citizens informed of each step of decisions concerning the budget so that responsibility for budget changes could be attributed to the appropriate source (regional office, central office, executive office of human services, administration and finance and the legislature). Previously, citizen groups were not able to obtain this information, and frequently expended their energies at the wrong level of government while trying to support their programs.

The Personnel Reclassification Project, funded through a special contract, has as its major goal the formal submissions of recommendations for revised job titles, job specifications, civil service requirements and career and promotion pathways. It has been recognized by the department that the present patchwork of job classifications is archaic, irrational, institutional-oriented and in no way reflects the rapidly changing personnel needs of the department, as it shifts from its past emphasis on long-term inpatient institution-based care to its increasing emphasis on flexible community-oriented programs.

This reclassification project has the support of the executive office of human

services, administration and finance, and civil service, as well as the new governor, and an advisory committee has been established with representation from varying personnel groups and consumer groups. It is hoped that the new classification scheme will create a rational personnel system while allowing administrators flexibility to operate an area-based system of integrated community and institutional services.

Mark McGrath, ACSW
Assistant to the Commissioner
Coordinator of
Manpower and Development

PROGRAM EVALUATION AND RESEARCH

Under a reorganization plan inaugurated by Commissioner William Goldman, the functions of the former Division of Training, Planning and Research were split into two components each under an assistant commissioner. As a result, the planning and coordination of training functions were reassigned. This report deals with evaluation, research and medical statistics.

Research and Evaluation Projects

A follow-up study of deinstitutionalized patients released from Gardner, Westboro and Worcester State Hospitals has been undertaken. Approximately 300 patients are being interviewed to ascertain their quality of life and aftercare experiences in the community since release. This research is partially supported by federal 314D funds.

A three year proposal focussing on the process of deinstitutionalization and its impact on patients before and after release from mental hospitals has been submitted to NIMH for consideration for funding in 1975.

Utilizing data on first admissions to state mental hospitals in Massachusetts during FY 1974, several reports are in preparation dealing with catchment area characteristics.

A survey questionnaire was sent to 150 people interested or involved in research and/or evaluation in mental health in Massachusetts. They were asked to indicate what ongoing projects in research and evaluation were being done in their area or facility. The responses will be shared with mental health professionals throughout the Commonwealth so that themes of common endeavor may be recognized and pooled. It is planned to begin a bi-monthly newsletter, to be sent to each mental health facility/area, which

will summarize current evaluative research in mental health and will provide a basis for collaborative across-facility/area work.

Other research projects include a study of post-residency psychiatric practice, a report on electro-convulsive therapy, and a report on personality characteristics of attendant nurses at a school for the mentally retarded.

Training and Supervision of Research Students

Currently three graduate students of the Florence Heller School, Brandeis University, are involved in ongoing projects which include a study of referral for after-care, a study of community residences for the mentally retarded, and a study of 39 mental health areas on planning for fiscal reallocation to community based alternatives to hospitalization.

Administrative Assignments

Under a mandate by the Commissioner, the Division furnishes staffing and technical assistance to a Data Processing Policy Committee. This committee monitors ongoing data processing operations and advises the Commissioner on issues of confidentiality and privacy in connection with the operation of patient record and statistical system.

The committee is under the leadership of an attorney of the staff of the Massachusetts Law Reform Institute.

The Division is the locus of the central department's Human Rights Committee, which is mandated to concern itself with safeguarding the rights of human sujects involved in research and evaluation treatment projects. The group functions under the co-chairmanship of the Assistant Commissioner of Research and Evaluation and the Legal Counsel of the Department.

The library of the central office has been reorganized and amalgamated with the library at the Erich Lindemann Mental Health Center.

Data Processing and Management Information System

The Division currently operates an automated inpatient data system for its hospitals and schools for the retarded and is in the process of developing a system for community and ambulatory care activities.

This development is projected for fiscal 74 and 75 and will ultimately result in a system which will give the Department necessary data for planning, budgeting and manpower allocation.

It will include a patient data system giving a quantitative picture of patients served and patient personnel transaction system disclosing personnel effort deployed in behalf of these patients in all 39 catchment areas of the Commonwealth.

The Department has prepared and issued during the past fiscal year numerous statistical reports for internal management as well as to other state and federal agencies.

Among these were:

Annual Statistical Summary for Inpatient Facilities Year Ending June 30, 1974 Publication #8082

Comparison of Annual Statistics for Fiscal Years 1972, 1973 and 1974 Mental Health Clinics in Partnership with Department of Mental Health Publication #8083

Comparison of Selected Data for the Fiscal Years 1972, 1973 and 1974 Division of Legal Medicine

Monthly Statistical Reports on Activities of Massachusetts State Institutions providing Inpatient Care for Mental Disorders

Legal Status Tables on all admissions.

Preliminary Survey Figures for National Institute of Mental Health

Data for U. S. General Accounting Office

George H. Grosser, Ph. D.
Assistant Commissioner for Program Evaluation and Research

MENTAL HEALTH

Major efforts in Region I during 1974 have been directed toward the reorganization of Northampton State Hospital, formulation of a plan for and the beginning development of a coordinated system of care for seriously disturbed patients in the community with continuity in and out of the hospital, the development of a plan and a start to increase resources for the prevention and treatment of mental health problems of children and youth, the strengthening of a system of prevention and treatment of drug abuse and the intensification of citizen involvement in planning and monitoring community mental health services.

Achievements during 1974 include the following:

Area Boards

Many citizens, actively involved on area boards, have gained greatly in their capacity to plan and budget for area programs and to work with service contracts. Good working relations have been established with councils for children and a strong regional drug review committee has been formed.

Regional and Area Administration

Regional administration was strengthened through the appointment of a new hospital superintendent in April, 1974 dedicated to the concept of areatization and a regional mental health administrator in November, 1974. Active search has been underway for area directors.

Areatization

In most areas progress has been made in bringing state hospital unit and area service program management together with associate area directors in a working area directorate for planning of services, sharing of resources, and development of continuity of care.

Unitization

Unitization has been completed at Northampton State Hospital including the transfer of the geriatric patients to area units. The census dropped from 914 in January, 1974 to 685 in January, 1975 (the geriatric population from 246 to 129). Progress has been made toward the goal of vacating for demolition the expensive and outdated main building complex.

Community Services for the Severely Disturbed

A number of programs are being carried on and have been created for the community treatment of the seriously disturbed adult. Among these are the opening of the first halfway house on State Street, Northampton; the community care program in Spring-

field which has been awarded a NIMH construction grant; and the opening of a small outpatient clinic at Northampton State Hospital and a mental health center in Holyoke, and the integration of units and community programs with active consultation to nursing homes in Westfield.

Several contracts have been developed for new community residences. One residence has been funded in the North Berkshire. The North Berkshire Counseling Center has been reorganized and has increased its services.

Childrens Programs

A planner was appointed for Northampton's Children's Center in the Spring of 1974. Progress has been slow in the development of the center because of vandalization of the buildings in spring and delays in the release of positions. However, by year end, half the allocated staff have been hired and several contracts let.

By January, 1975, contracts also had been written for all Flexible Children's Money (154,000.) and three programs were started.

SPEL teams and now working in most areas and outreach and consultation services are being provided by partnership clinics and programs on contract.

Planning of Community Mental Health Facilities

The Berkshire Area Board has reorganized its plan for a community mental health center to include sub-centers in North and South Counties. The Donald Newhouse Center was assigned to a new architectural firm and plans now include two satellites to improve service to minority groups. A site for one satellite has been chosen, sites for the other are under consideration and plans for the main center are not in schematics.

D. D. R. Programs

The $400,000. (approx.) of DDR money allocated to Region I was used to consolidate existing programs, to develop an inter-related network of alternative programs, and to encourage mutual aid among program members in the mastery of knowledge and skill required for entry into the opportunity system.

Programs supported included a wide variety of alternative programs, including day therapeutic communities, alternative schools, drop in centers, counselling and activity centers, residential therapeutic community and halfway houses, community organizations and court advocacy.

Funds were obtained through 1974 Formula Grant monies to launch two cultural projects, four programs related to job development, and one program for youth to use the training in Outdoor Survival skills as a therapeutic endeavor.

Legal Medicine

The regional director for Legal Medicine resigned in the summer, 1974, and the regional drug coordinator served in an acting capacity for the remainder of the year. One new court clinic has been created in the Berkshires and is functioning well as an integral part of the area service system.

Manpower Development and Training

Manpower development and training has been highlighted during the latter part of the year with the formation of the Western Consortium, formation of a Region I training committee, and appointment of regional and hospital training coordinators. Northampton State Hospital is utilizing a $25,000 NIMH grant to provide inservice training workshops for unit staff and to plan a broad staff development thrust.

Affirmative Action

Considerable effort has been made to obtain improved representation of minority groups on area boards and on DMH staffs. The regional office, however, has been concerned that suitably qualified minority candidates may be hired (and even induced to relocate) into provisional appointments, and may then be displaced by candidates from civil service lists.

Problems

Areatization has been held back from legal completion because of the lack of area directors.

Regional planning and program direction was fractionated to some extent by the changes in regional mental health administration.

The lack or appropriate Civil Service positions such as that of area unit directors and the infrequency of civil service examinations still forces a high proportion of the staff most experienced in community mental health and minority staff members to exist precariously in provisional positions.

Full utilization of children's money was handicapped by the prior lack of area and regional planning, the need for staff and area boards to become sophisticated in contract development and management; and the delays in the payment of funds to contractors during the first months of the contract.

The regional office lacks staff to implement a program of standards and service monitoring evaluation; the business capacity to deal with the increasing level of reimbursements.

Beryce W. MacLennan, Ph. D.
Mental Health Administrator
Region I

MENTAL RETARDATION

The community residence program in Region I has continued to expand over the past year. Currently, Region I has 15 community residences for adults. Twelve of these are fully funded by the Department of Mental Health. Of the remaining three, one receives partial funding and the others are privately operated. 152 clients were served in these programs from July 1, 1974 to the present. Of this total, 18 were respite care, 18 were placed from community residence to independent living situations, and six were returned to the institution.

Region I also has three community residences for children. Of these residences, two are funded by the Department of Mental Health and the other through Belchertown State School. These three programs are currently serving 22 clients. Eighteen clients were served in these programs from July 1, 1974 to the present. Of those served none were respite care, one returned to his own family, and none were returned to the institution.

By July 1, 1975, Region I will be opening nine additional community residences, one of which will be a children's home. These programs will serve an additional 70 residents from Belchertown State School. Two cooperative apartment programs will also be started within this time period. These cooperative apartments will serve a total of 27 residents, 10 of whom will be from Northampton State Hospital.

In Region I there are nine sheltered workshop and/or day activity contracts. Current contracts for these programs funded through Department of Mental Health are servicing 120 clients. By July 1, 1975 Region I anticipates the availability of four additional day program contracts. This will enable us to serve an additional 56 residents from Belchertown State School.

During the past year Region I had the opportunity of sponsoring a specialized legal program for the retarded. This program, entitled the Mental Retardation Representation Project, allowed us to provide legal services to 96 mentally retarded citizens that normally would have had difficulty receiving proper aid and counsel. This project also gathered significant data that will be instrumental in planning future legal programs.

Region I continues to move towards the development of early intervention and service teams for the developmentally disabled for each area within the Region. Through the cooperative efforts of the Department of Mental Health, Office for Children, Association for the Retarded Citizens, Public Health and Western Mass. Hospital, the first team is in place and functioning. Currently the team consists of a nurse, social worker, physical therapist, developmental specialist and a part time speech therapist. A van has been purchased and equipped through grant monies and is an integral part of services being offered in homes and neighborhoods.

Rudy Magnone, Ph. D.
Mental Retardation Administrator
Region I

MENTAL RETARDATION

Region II's major project was the development of a regional plan for the development of services and facilities at Monson State Hospital to make it eligible for Title XIX reimbursement and to develop concomitant community services to care for those retarded persons returned to the community. This was accomplished by a citizen task force that will be incorporated into the mental retardation committee of the Regional Advisory Council. A new regional office staff - consisting of a supervising program analyst, a project coordinator, and a research assistant - coordinated this project and such planning efforts as data collection, program budgeting, and a client follow-up system.

The Region geared up for significant expansion of community resources to meet the needs of mentally retarded persons in the community or those being discharged from the state schools.

Five new community residences (two for children) were planned for South Central, Gardner, and North Central areas.

Plans for expansion of sheltered workshops, the major day programming for retarded adults in the community, were completed in North Central and the Worcester areas. In South Central area, the DiDonato Rehabilitation Center was formally dedicated.

Blackstone Valley made plans for the establishment of a day activity program for retarded patients discharged from Worcester State Hospital. One of the most underserved areas in mental retardation has been the infant and preschool child. North Central's home teacher program and South Central's TIE program (Testing Infants Early) were launched to serve this group. An early identification program at Worcester State Hospital also was developed in conjunction with the Memorial Hospital Neonatology Clinic.

The Worcester Regional Center at Shrewsbury opened in June to become the first short-term residential and diagnostic training facility in the Region. A limited number of clients from the areas received services in psychological testing, speech and hearing, social service, physical therapy, and occupational therapy in the early months of the first program year. The residential program commenced in October with the admission of retarded patients from Gardner State Hospital for the short-term intensive training program to prepare them for community residences.

Deinstitutionalization efforts at Monson State Hospital were evident with the closing of Clough Building. The hospital also initiated a Department of Labor-approved prevocational program which processed sub-contracts for the first time at the facility.

There was a major emphasis on outreach. Joint programs were organized with University of Massachusetts, American International College, and Springfield Technical Community College, and Monson staff were deployed to the South Central area to conduct a cooperative diagnostic program.

Medical services were upgraded through an arrangement with the Shriver Center in which Monson residents were given services as dental surgery, post-operative check-

ups, hearing and speech evaluations and opthalmological care. Two nurses from Monson also were given training in the nurse practitioner program.

Eleanor R. Moosey, Ed. D.
Mental Retardation Administrator
Region II

LEGAL MEDICINE

The past year has been spent in attempting to establish a legal medicine structure for Region II. This has been made possible by the acquisition of three paraprofessionals to support the existing staff psychologist. With this staffing pattern we have established the skeletal structure of several regional and area programs into which new staff persons can be placed as they become available.

One staff person has been assigned part time to develop services to the Worcester Superior Court. Another program has been started in the Central District Court. One of the staff has been assigned there to work with the probation officers and court officers.

We have now scheduled someone to be in the court each morning and have made some home visits on questions of 12e commitments. We are trying out these procedures and will be meeting periodically with the judge to refine our role in the court.

We have one staff person assigned to the Worcester County House of Correction for a day a week to provide diagnostic services and inpatient therapy. As men are released, they too may be followed up at the Worcester State Hospital legal medicine facility.

We also are in the process of working out a referral procedure with the State Department of Correction. From this, we may be able to reach back into the state institutions and start working with inmates, prior to their release, around planning for their re-integration into the community.

In a similar vein, we have committed ourselves to working with the Worcester Parole Multi-Service Center. This is a parole facility where community agencies who may work with the offender (e.g. Mass. Rehab. Commission, Div. of Employment Security, and the like) have been offered space to meet with the offender, the parole officer, and the other agencies involved. We have assigned staff for two half-days a week to see clients and to offer consultation to parole officers and the other involved agencies around mental health problems.

Fitchburg-Leominster has included legal medicine services in their children's grant and are in process of hiring for work in the juvenile court of that area. All our

areas have designated a "legal medicine representative." We are about to assign a staff person, part time, to the Blackstone Valley area to work with their legal medicine person in the Milford Court.

Finally, we are working with some of the local professionals in the private agency sector. The ultimate aim is to provide a broad spectrum of meaningful evaluative and treatment services to offenders via the court with a minimum of duplication of effort.

We see ourselves as moving in the direction of coordinating services and working out cooperative relationships with other agencies serving this disadvantaged and largely neglected population.

Stanley I. Kruger, Ph. D.
Director of Legal Medicine
Region II

MENTAL HEALTH

Calendar year 1974 in mental health was a year of (1) consolidation of community programs (2) increasing the capability, in quantity and quality, of community programs (3) attempting to iron out some of the difficulties in proper integration of services between state institutions and community programs and (4) assessment of children's programs at the community level and laying out plans.

In the South Central Area, inpatients admitted to Harrington and Wing hospitals increased with a concomitant drop in admissions to Worcester State. Patients seen in outpatient treatment, both new and follow-up of discharged patients, increased.

In the Blackstone Valley Area, community residences for discharged patients opened, negotiations to admit patients to the Milford-Whitinsville Hospital started, and the first patients will be admitted February 1975.

The Worcester Area increased the scope of their community facilities. The Gardner-Athol Area saw more patients in the community and, in conjunction with their acute-care inpatient service, admissions to Gardner State continued to fall so that by the latter part of the year they were averaging under five a month.

The Fitchburg Area also upped its community effort and, in conjunction with the inpatient unit at Burbank Hospital, reduced admissions to Gardner State sharply.

Controversy concerning the future of Gardner State Hospital continued unabated. The hospital was down to 240 chronic, retarded, and geriatric patients by the end of the year. The Commissioner appointed a special Blue Ribbon Commission to study the present role of the hospital and to make recommendations to him concerning its future role. At the year's end, the Commission continued to meet and set March 15, 1975 as its goal for its report.

With the budgeting of flexible children's funds, the area boards, in conjunction with the community children's councils, assessed children's services and recommended priorities for each area.

The Fitchburg Area started its Federal children's staffing grant with comprehensive children's services in Fitchburg, Clinton, and Ayer.

Malcolm Sills, M.D.
Mental Health Administrator
Region II

LEGAL MEDICINE

1974 was a busy year in the existing court clinics in Cambridge, Woburn, Lowell and Waltham, with an increase of approximately 10% of defendants seen both pre- and post-trial. The majority of these clinics also participated in drug screening boards in the courts, in which many drug defendants were rerouted from the court system into drug rehabilitation programs.

At Middlesex County Probate Court, a staff of only two people, on loan from the Cambridge District Court, found their case load doubled with the increasing number of divorce and custody actions. They were of invaluable assistance to the probate judges in their consultive and advisory roles, particularly as to the proper determination to be made for the welfare and care of the children of these unfortunate marriages.

The Middlesex Superior Court continued to request increasing service, particularly for pre-trial psychiatric examinations. The Somerville District Court, which is without any psychiatric service at all, requested through the regional office that provision be made whereby they have some psychiatric assistance and the Cambridge District Court agreed to give them an emergency consultation whenever requested by the Somerville judges.

The counseling service at the Concord Reformatory was increasingly busy. The entire counseling service assisted in the screening of all new inmates. After lengthy interviews with the inmates, a program of rehabilitation for each inmate was planned with the joint approval of both the counseling service and the correction personnel. Additionally, individual and group therapy efforts of the counseling service were increasingly sought with the result that the number of therapeutic interviews increased by approximately 15 percent.

There were several ongoing meetings concerning psychiatric services to the Billerica House of Correction. It was agreed that a half time psychiatrist would be assigned to Billerica, but this has been delayed because of the freeze on hiring any new personnel.

Psychiatric patients requiring maximum hospital security continue to be a definite problem in Region III in the private, state and federal psychiatric hospitals. Numerous referrals were made and after a careful screening a certain percentage of these individuals were transferred to Bridgewater. Numerous individuals were seen at Bridgewater State Hospital to determine the feasibility of these individuals being returned to the Metropolitan State Hospital. Well over half of these patients were returned.

The Region III council approved, with fairly high priorities, the plans for funding court clinics at both the Middlesex Superior and the Middlesex Probate Courts for fiscal

1975. The Somerville District Court which is currently without services, was also approved for a court clinic. The Concord District Court is also without any direct services from legal medicine.

William R. Shelton, M. D.
Director of Legal Medicine
Region III

MENTAL HEALTH

There has been a great deal of activity in Region III Department of Mental Health Services during the annual period from January 1, 1974 to December 31, 1974.

The Advisory Council has had a productive year and has been active in reviewing budget recommendations and priorities, participating, through subcommittees, in 314(d) program recommendations, and informing itself on a variety of subjects.

The Greater Lowell Community Mental Health Center program has had a year of growth in services, and has reduced admissions to the distant Worcester State Hospital to zero. During the course of the year arrangements were made to utilize the Region III Metropolitan State Hospital as the back-up hospital to which very difficult or disturbed patients are referred. The Lowell Mental Health program has accumulated a growing number of ex-mental hospital patients and patients discharged from the Solomon Center, with the consequence that an increasing number of ex-patients and their families are in need of ongoing services, support services, and vocational and social rehabilitation services in the community. This has taxed the existing staff of the center, which has not been expanded commensurate with the expansion of services. During 1974 only a small number of additional positions were made available.

1974 brought into the Concord area a new mental health center director and a growing sense of organization and integration of the services, professionals, and citizen groups and agencies. Concord has emphasized the impact on the community mental health program of insufficient funds, growing fiscal austerity in the communities, the difficulty of raising monies, and a shrinking federal NIMH staffing allotment.

The Metropolitan-Beaverbrook area program during 1974 has been characterized by strong citizen board involvement, and major efforts to coordinate and integrate many differing and competing needs and programs under the leadership of the Area Board.

During the year, an ad hoc committee of the area board studied the Beaverbrook Mental Health Association, Inc., and some complex dynamic relationships among the

Mental Health Association Board and the Clinic staff. This study is now in an implementation phase which is continuing in 1975.

The Waltham Hospital component of the Community Mental Health Center completed its first year of operation. It is a mini-mental health center, in a manner of speaking, in that it provides the five basic services and has become the dominant focus of psychiatric services for adults in the community.

There has been a very strong subcommittee for the children's services and one for reorganizing the community mental health center program in the Metropolitan-Beaverbrook area. Both efforts are continuing into 1975.

The Hall-Mercer Center of the McLean Hospital completed its first full year of operation.

The Mystic Valley Community Mental Health Center program hoped to begin in 1974, but because of state budgetary timetables and financial constraints the starting date was postponed to the Spring of 1975. Planning for the community mental health center staffing program has been a dominant theme in the Mystic Valley area during 1974, but it should be noted that the Mystic Valley Area Board, Mental Health Association, and staff have been vigorous in their efforts together to raise money from the five cities and towns that they serve, in order to provide the overhead, building space, and quarters in which the new mental health center program will be carried out. Mystic Valley is, in certain respects, an important trend-setter and trend-indicator as we observe the relative capacities of cities and towns to provide support for mental health services in their areas.

The Cambridge-Somerville Area program is the largest in Massachusetts. There are more than 200 mental health employees operating under the auspices of the community mental health center, who are disbursed throughout the communities of Somerville and Cambridge.

The Center program has outgrown its capacity to keep on top of all of the administrative work that is necessary in a good mental health center, including monitoring of services, fiscal administration, an adequate information management system and proper reports and data collection. This has been, and will continue to be, the highest priority need for the Cambridge-Somerville Community Mental Health Center in 1975.

The Metropolitan State Hospital, during 1974, has had to cut back its budget and certain outreach functions and in-hospital special social rehabilitation programs. The hospital was assigned a reduced budget, and on January 1, 1974, it went into a hiring freeze that impeded replacement of personnel except under special review.

Generally, personnel administration during 1974 became complicated in all programs. This was more of a problem at the large state hospitals because of the large number of employees and the normal turnover, which is greater than in the community programs.

Increasing attention has been given to the quality of care at Metropolitan State Hospital. Its superintendent and staff are pleased that the hospital was inspected and

accredited with full approval for one year by the Joint Commission on the Accreditation of Hospitals. Metropolitan State Hospital will not be able to continue passing these inspections and maintain necessary standards unless it receives sufficient support in the form of adequate funding, staffing, and building maintenance.

The regional office, in November of 1973, was reorganized. There are now separate divisions of mental retardation and mental health.

1974 is especially notable in that there was a very hard confrontation in Region III between the thrust in the direction of community services on the one hand, and the structural requirements of patient care and treatment in the state hospital, on the other hand. This problem was well engaged and is becoming increasingly prominent in the dialogues of the citizen groups and the regional council. It is, indeed, the major problem in this significant transitional period between the ways of the past and the ways of the future.

Arnold L. Abrams, M. D.
Mental Health Administrator
Region III

MENTAL RETARDATION

Presently in Region III there are nine community residences, three day activity programs, one sheltered workshop, twelve Clinical Community Nursery Schools and four DMH Developmental Day Care classes serving mentally retarded citizens.

One notable change is that Region III has a new mental retardation administrator and four new additional staff to implement a regionally-based service delivery system.

Another marked change is in the increased active participation of citizen groups in planning and reviewing mental retardation programs. This includes the development of a regional mental retardation budget subcommittee as well as a regional review committee formed to review mental retardation proposals for new programs.

A system to increase communication of information on area clients has been worked out between the regional CERC and area programs. This will facilitate improved provision of services and increase information available for planning purposes at an area level. There has been increased utilization of consultation by specialists from CERC to Developmental Day Care, and other community based programs.

Efforts were made to provide previously unavailable services to children. A contract was worked out with a private agency to do foster placements of children from Fernald State School and to provide ongoing social services to the children, foster fam-

ilies and natural families. In addition, a proposal has been developed to provide a community residence for six children currently residing at the state school, and planning is underway for its implementation.

New and expanded recreation programs have been developed for developmentally disabled children in conjunction with local departments of recreation. In two areas, afternoon and Saturday recreation programs were planned and implemented as a result of close coordination between DMH and local recreation departments.

The beginnings of a data collection system are in place on all community programs and clients. Although far from complete, there have been definite advances made in developing and implementing a communication system which allows for an exchange of information on clients as well as joint staff-training programs between the community and state institutions.

Title XIX planning has involved numerous active citizens and staff who have combined efforts and defined their priorities and interests. Several months' work and many long meetings resulted in the compilation of a Region III Title XIX provile which outlined a plan for expending Title XIX funds and developing of institutional and community programs.

The past calendar year has seen considerable growth in the development of community residences and community day programs. There are presently nine such residences since January 1974.

In addition, negotiations with the Department of Community Affairs (DCA) for the purchase and renovations of two of the community residences have been completed. Similar joint efforts between DCA and private contractors for residences have been started but not yet finalized for two additional residences.

Two proposals have been worked through to develop services for an, as yet, unserved population. These are, a supervised cooperative apartment to serve six multiply handicapped residents from Fernald as well as ten clients who are capable of living in a minimally supervised setting.

The full day has been implemented in most of the clinical community nursery school classes. A new class for multi-handicapped children opened this year in order to implement the full day for these children. Teachers are utilizing developmental objectives to assess, evaluate, and set up educational goals for each child in the program. The plan is reviewed every three months and the results recorded. With the implementation of Chapter 766 regulations, teachers are involved in core evaluations of the clinical community nursery school children.

A new inservice training program has been developed to meet diverse needs and develop skills of Developmental Day Care (DDC) staff. As a step towards development of individualized educational plans, a portfolio has been developed on each child including all past and present information pertinent to the child. With the implementation of Chapter 766 at the DDC level, core evaluations are in the process on all children. As a result of and interdepartment agreement between DMH and Education the responsibility for the education of DDC children is being transferred from DMH to Department of Education. This

process should be completed by September, 1975.

A Region III Resource Directory for Mental Retardation was compiled by Region III staff and a resource shelf has been developed, updated, made available to program staff.

Albert J. Berkowitz, Ed. D.
Mental Retardation Administrator
Region III

MENTAL HEALTH

The twin goals of Region IV mental health services for 1974 were the same as before — better treatment for patients and staff now in the Department of Mental Health system and improvement in the system itself. At the end of the year the net change from the year before is hard to measure and harder to evaluate. The year's efforts can be grouped in four categories:

AREATIZATION

This is the concept which, for this office, has taken top priority as the first change in the system to be implemented.

Allocation of Resources to the Areas and Dividing up the State Hospital Staff

To this end the clinical personnel at Danvers State Hospital, and those at Metropolitan State Hospital who serve Tri-City were assigned by the regional office to each area. This breakout attempted to take into account the population and the needs-resources ratio of each of the six areas served by Danvers State Hospital, while at the same time reflecting the widely different number of patients in each area's unit that had to be cared for.

Area Directors

Selection committees for the area director started during the summer, but thus far none of the six nominees have been appointed although all were forwarded (in early 1975) to E. O. H. S.

Area Administration

The accommodation of the DMH system at the area, state hospital, and regional office levels to prepare the area to operate its unit at Danvers had to manage personnel, budget, and other related administrative problems was undertaken by this office but bogged down late in the year in the uncertainty cast on the whole process by the subsequent (1975) freeze. Much remains to be accomplished and it has the highest priority for 1975.

DEINSTITUTIONALIZATION

Aftercare, responsible and responsive to the areas, was a major concern during the whole year. Some progress was made but the idea that the state hospital bears prime responsibility for aftercare has proven, as far as Danvers State Hospital goes, to be both counter-productive to the hospital and to the establishment of a truly responsive aftercare capability.

The institution exists only to provide services that cannot be provided in the community. To dilute its efforts by undertaking a task which can only escalate year by year (since many state hospital patients need services for an indefinite period) handicaps it with a function which the community can perform better since state hospital personnel cannot know the entire range of community capabilities as well as indigenous care providers.

A highly successful aftercare program, initiated by the Salem-Danvers Area Board and administered by the area office, took advantage of the first new positions made available in the Region IV community services account since the A. A. D. s came aboard. Haverhill/Newburyport was also allocated four positions for this purpose in the '75 budget, but these positions were not filled as of the end of December 1974.

Emergency Screening and Admission
Capability in Each Area

Through the efforts of a special task force, made available to the Region IV office an analysis of the emergency capabilities in each of the seven areas was carried out. Efforts were begun to institute an admission and emergency service locally in each area.

A staffing grant to establish a program in Tri-City to cut down the large number of admissions to Metropolitan State Hospital failed when no local hospital, or suitable alternative, could be found. This effort was strongly supported by the Central Office and efforts to accomplish this are continuing.

Improvement of Patient Care and Strengthening
of the Unit System at Danvers State Hospital

Following the loss of accreditation in June 1974, the staff at Danvers began to remedy the defects revealed by the Joint Commission on Accreditation of Hospitals report. Many changes were made to correct the deficiencies during the rest of the year with the result that in February 1975 accreditation was regained. The loss of accreditation not only stimulated the hospital to make needed changes throughout, but also led to exploration of the possibility of accrediting an area's program in toto, thereby getting around some of the problems created by obsolete buildings at the state hospital.

CHILDREN'S SERVICES

The relative deficiency in every area of adequate services for adolescents, especially residential and educational services, has long been a sore point in this region. This year the effort initiated in 1973 to provide a more adequate program for the increasing number of adolescents that come to Danvers continued but did not, since no new staff or new money was available, succeed in providing the kind of programs identified as essential. However, the effort will bear fruit early in 1975, using OFC money and some funds unexpended in the regional community account.

Improvement of the Area and Regional
Offices' Administrative Capabilities

This was initiated by the central office through the services of a consultant who focused on the needs of the regional business office, area integration and aftercare pro-

blems, and problems with the Lynn Union Hospital contract. Data collection and evaluation, program evaluation, planning, training, personnel practices, contract development and many other necessary skills and functions are either not available at all, or insufficiently available, at both the area and regional level.

Another type of consultation initiated by the central office was a contract with the Environmental Design Group to use their "Planning Action Kit" technique in the Tri-City and Haverhill/Newburyport areas as a prelude to the subsequent development of staffing grants for these two most needy areas of Region IV. During the summer and fall much community activity in both of these areas led to the adoption of resolutions by the area boards which will probably shape future area plans.

CONCLUSION

In retrospect the momentum in the region which built up from January through July as each area worked toward developing its program and budget and subsequently identifying its nominees for area director petered out toward the end of the year with very much less accomplished than we had anticipated. While much useful improvement in the patient care system, both at the hospital and in each of the areas, seems to have taken place, the system still suffers from many serious deficiencies which must be, and I believe can be, remedied if the improvements envisioned and made possible by Chapter 735 are to take place.

Charles M. Storey, Jr., M. D.
Mental Health Administrator
Region IV

MENTAL RETARDATION

During 1974, three major goals were articulated and pursued in the region. First, community based services, primarily for those leaving institutional settings, were expanded in all areas. Secondly, renewed efforts were focused on upgrading the quality of care at Hogan Regional Center. Lastly, work was begun at the area and regional level towards conceptualizing and planning a regional service delivery system.

Community based residential services increased from seven to eight community residences, with two more approved for funding. Two new day activities centers opened and a third has been funded for expansion. The thirteen community nursery schools have developed stronger ties with their local clinics assuring comprehensive clinical services for all families with children in the program. Plans have been made to transfer the stu-

dents in the two developmental day care centers to their local school systems, a change mandated by Chapter 766. The transfer process will be implemented next year, monitored by regional staff and local area boards.

The building of local services is the product of an emerging area service delivery system. Leadership for the system comes from active area boards and mental retardation committees, staffed by associate area directors and aided in two areas by part-time mental retardation planners. Full-time caseworkers for two areas have been funded and additional positions are planned for next year.

The expansion of staff at the regional office has resulted in the first steps toward the articulation and implementation of an integrated regional service system. New staff have begun work in planning with citizens at the area and regional level, developing an evaluation system for community programs and building a region wide management information system. The establishment of a citizen based regional mental retardation subcommittee, staffed by the regional office, should provide citizen leadership for the emerging system.

Key links in the regional system are, of course, the two regional facilities Hogan Regional Center, and John T. Berry Training and Rehabilitation Center. A citizen task force spent several months developing a preliminary plan to help Hogan qualify as an intermediate care facility under Title XIX of the Social Security Act. It is anticipated that Hogan will be approved for reimbursements under Title XIX early next year, leading to an upgrading of its services through greater staff resources, improvements in its physical plan, and a phased 25% decrease in its population by 1980.

Hogan has continued in its unique role as a consultant and provider of staff to community programs. It also implemented an infant stimulation program and is attempting to make this service available to several areas. John T. Berry continued to provide educational programs and vocational training to people from five different regions and opened the doors of a new combination recreation-administration building. J. T. Berry's program and physical plant received accreditation by the Joint Commission on Accreditation of Hospitals, the first state facility for the retarded in the Commonwealth to be so recognized.

Major objectives for next year will include the development of strong area and regional mental retardation committees, implementation of Title XIX at Hogan, expansion of area-based services and area office mental retardation staff, and the integration of area and regional resources into a unified service delivery system. Special attention will be given towards providing appropriate services for the hundred retarded patients at Danvers State Hospital and towards the development of a transfer mechanism and services that would begin to allow the hundreds of retarded people from this region, presently living in state institutions throughout the state, to return to their home community. All efforts undertaken will focus on the building of a citizen directed service delivery system, capable of meeting the individual service needs of retarded citizens from Region IV.

George H. Bown
Mental Retardation Administrator
Region IV

LEGAL MEDICINE

In legal medicine activites in Region IV during 1974, special emphasis was placed on consultations and education programs with law enforcement agencies on city, county, and state levels. This includes numerous on-the-spot emergency meetings with municipal police authorities and with personnel in jails and houses of correction.

A newly-formed committee was organized by the Massachusetts Police Institute and involved close cooperation with and input from the Region IV legal medicine office. Guidelines were developed for police handling of the mentally ill. When finalized, they will be distributed broadly to all police agencies in the state to aid in local updating of procedural rules and regulations.

Lectures before civic, legal, and educational groups on various aspects of legal medicine were increased appreciably in 1974 in a specific effort to enhance community understanding and support of legal medicine services and endeavors. Typical was the monthly discussion held at the Attorney General's Drug Abuse Education seminars for police and probation officers. The director's role here, as at other gatherings, has been to promulgate departmental rules and regulations in terms of interaction between police and state hospitals in both normal and emergency situations.

With reference to the region's court system, the legal medicine director in 1974 provided or arranged increased clinical services to the ten district courts, and superior and probate courts of Region IV.

Steps were taken to improve the scope of such service at existing court clinics but more specifically at those five courts at present without clinics. More than 50 visits, for example, were required to Essex County Superior Court and the Probate Court to provide requested psychiatric examinations. Both locations lack clinics and appropriate staff and are a high priority need for implementation and budgetary support.

Five district courts presently have clinics. The remaining five will be serviced, pending future budget approval to establish additional clinics, through rotating use of legal medicine personnel in the regions.

Among other accomplishments in legal medicine that should be noted for 1974 are:

-- production of a brochure for the First District Court of Northern Essex in Haverhill, describing services of the clinic there.

-- establishment of an alcohol safety program in the district courts of Lynn and Salem and their coordination with respective court clinics.

-- use of new screening techniques for dyslexia, in the Lawrence and Salem District Courts.

David D. Swenson, M.D.
Director of Legal Medicine
Region IV

MENTAL RETARDATION

During fiscal year 1974, mental retardation has begun to develop more specific concepts, programs, and goals, while adhering to the philosophy that mental health and retardation services should work consistently hand-in-hand.

For example, mental health is completely areatized. Mental retardation lags in this respect and maintains a regional rather than area approach. The long range goal for mental retardation is an area plan similar to that in mental health.

The Regional Office has moved in three major directions: (1) increased emphasis upon a wide range of community alternatives to institutionalization: (2) a regional care system for clients in the community; (3) extensive monitoring of all facilities in the region.

Accomplishments in 1974 included developing citizen review plans and establishing a regional mental retardation subcommittee, developing three regional inservice training programs, and completing the hiring of five regional mental retardation staff.

Wrentham State School

The Wrentham State School serves mentally retarded children and adults of Region V and the Boston State catchment area of Region VI. Among its accomplishments during 1974, the facility:

- Established a special behavior modification program utilizing institution staff and students from Providence and Wheaton Colleges.
- Obtained uniforms and provided a variety of scouting experiences including a weeks summer camp for approximately 50 residents.
- Continued the development of the year-round recreation area by setting up an overnight camping area, a children's playground, and a farm zoo emphasizing a "see and touch" approach.
- Developed a program of self-government for the residents.
- Developed and staffed a center for the day program students on the grounds for education and training.
- Began a cooperative dental and medical service program with the Shriver Center.
- Restructured the educational programs in the school to reflect developmental needs and ages.
- Provided garden space for each building to grow vegetables or flowers.

Community Programs

Expanded a day program to include mental retardation patients from Medfield and an equal number of community trainies.

Assigned a nurse part time to each area mental health clinic as a liaison community nurse.

Provided support and backup to the several community residences serving Wrentham State School population.

Began planning and working with local school systems regarding P. L. 766.

Wrentham State School CERC provides backup resources to community clinics, public schools, and other local agencies for a variety of direct and indirect services such as evaluation treatment, referral, and consultation.

Other activities include consolidation and expansion of the Wrentham State School day program, provision for respite-care admissions, and development of a comprehensive multidisciplinary treatment team. The latter provides a screening of appropriate cases - facilitating mobilization of area, regional, and Wrentham State School resources - and identifies service gaps and needs for the appropriate authorities.

Henri M. Yaker, Ph. D.
Mental Retardation Administrator
Region V

LEGAL MEDICINE

Perhaps the most significant impact on legal medicine programs in Region V is the proposed administrative restructuring of the line of authority of legal medicine facilities planned for late 1975. Region V includes three facilities providing state-wide services. These facilities will presumably come under the direction of the central division of legal medicine although currently under our direction. The facilities are the M. C. I. Framingham, M. C. I. Norfolk, and M. C. I. Walpole. Regional programs also include Norfolk County Probate Court Clinic.

There are currently legal medicine programs in three of our five areas. The programs include the Quincy Court Clinic in the South Shore area, the Newton Court Clinic in the Newton-Wellesley-Weston area, and Framingham Court Clinic in the Framingham-Natick area. There are no community legal medicine services in the Marlboro-Westboro area or the Norwood-Medfield area. These two areas warrant out highest priority in terms of providing services.

Accomplishments in 1974:

a) Provided legal medicine services at the Quincy Court prior to the appointment of a director.

b) Provided emergency consultation to the Dedham District Court and to other courts as needed.

c) Provided consultation and evaluation to Norfolk County Superior Court.

d) Mental Health Unit at M. C. I. Walpole re-established.

e) Provided field placements for graduate students in psychiatric social work and in vocational rehabilitation.

Goals for 1975:

a) Provide community legal medicine services in the Marlboro-Westboro area and the Norwood-Medfield area.

b) Develop social services at the Quincy Court.

c) Establish pre-parole programs at the institutions.

d) Explore needs for regional security unit.

e) Expand involvement with the Mental Health community outside the court proper.

Richard J. Rosenwald, M. D.
Director of Legal Medicine
Region V

MENTAL HEALTH

In 1974, Region V made significant strides toward deinstitutionalization and the development of a community mental health system.

Administrative responsibility within the five areas was increased. Two of our five areas have developed the capacity to provide the five essential comprehensive mental health services (i. e. Newton-Wellesley-Weston Area and Greater Framingham Area). The other three areas are moving rapidly toward the attainment of this goal.

Day Hospitals were established in the South Shore Area, Greater Framingham Area, and Newton-Wellesley-Weston Area in 1974.

The Regional Advisory Council consolidated its functions in 1974 and is in the process of drafting a set of by-laws for its conduct. The council has served to establish priorities for comprehensive health planning projects, children's flexible money contracts, drug rehabilitation projects and community residences for the retarded. It has also reviewed and signed-off on area plans and area budgets.

Specific accomplishments in calendar year 1974, are as follows:

a) Decreased census of Medfield and Westborough State Hospitals.

b) Received federal and state grant monies for mental health and retardation services.

c) Increased the number of community alternatives to institutionalization.

d) Began the process of recruiting area directors.

e) Appointed a regional geriatric coordinator and regional evaluation coordinator.

f) Provided advocates for children and Spanish speaking citizens.

g) Enhanced technical assistance to the areas and the mental health and mental retardation programs therein.

h) The Regional Advisory Council established budget priorities for fiscal year 1975 for the region.

i) Self-help groups and area office staffs established priorities for drug related programs for fiscal year 1975 for the region.

j) Compiled the fifth Annual Mental Health and Retardation Report of Region V for fiscal year 1975.

Some specific goals in Region V for 1975 are:

a) Establish new community based services and expand already existing ones.

b) Provide mental health services to traditionally neglected populations (i. e. children, elderly, the ex-offender, and Spanish speaking populations.

c) Complete the selection and hiring of area directors.

d) Support a variety of continuing education and inservice programs in both the institutions and the community facilities.

e) Split the South Shore so that it conforms to the state and federal guidelines for a comprehensive community mental health center.

Gershen Rosenblum, Ph. D.
Mental Health Administrator
Region V

LEGAL MEDICINE

Throughout 1974, the Region VI office of legal medicine focused its energies and resources in five main areas:

The establishment of two new court clinics - one in Boston Municipal Court, the other in Dorchester Court.

The expansion of the Detention Avoidance Program.

The playing of a larger role in Bridgewater commitment and recommitment cases.

The planning of two specialized regional centers for emotionally disturbed individuals who are also in need of security - one for juveniles, the other for adult women.

The new usage of the court clinics by the courts having juvenile jurisdiction: the CHINS (Children in Need of Services) law.

The Detention Avoidance Program

The Detention Avoidance Program began in November, 1973, and made great progress during 1974. The program was set up to do crisis intervention with juvenile offenders and their families between the time of arraignment and hearing. It was felt that intensive day to day supervision by a caseworker would enable many high-risk youngsters to be maintained at home in the community rather than having to be held in detention. This has been found to be true. As well, the written reports filed by the caseworkers with the court have been found by the Judges to be of great help in formulating placements and dispositions for the juveniles involved. In September, 1974, the Detention Avoidance Program expanded to include East Boston, Chelsea, and Charlestown Courts as well as Boston Juvenile Court.

Expanding Role in Bridgewater Commitment and Recommitment Cases

In 1974, there was an increase in the number of requests, particularly by the Brockton District Court, for independent clinical opinions to determine whether or not the patient requires the strict security of Bridgewater or whether he might be appropriately transferred to another Department of Mental Health facility.

Specialized Regional Centers for Individuals in Need of Security: Juveniles and Adult Women

The Division of Legal Medicine has been working in collaboration with the Department of Correction in planning and trying to jointly fund and administer a facility

for those women who have come to the attention of both the correctional and mental health systems and have been unable to be placed appropriately. No adequate facility currently exists for these emotionally disturbed women who have been classified as "violent" due to their extreme behavior, and both the Department of Mental Health and the Department of Correction as well as the judicial system see this as a high priority for 1975.

CHINS (Children in Need of Services)

All courts that have juvenile jurisdiction have increased their use of clinic services as a result of the new laws Children in Need of Services, Chapter 119, Section 39, E-J, (CHINS). This new law diverts runaways, truants, and stubborn children from the juvenile justice system and directs them toward social service aid.

Paul D. Lipsitt, LL. B., Ph. D.
Director of Legal Medicine
Region VI

MENTAL HEALTH

The most outstanding item of interest in 1974 was the development of a plan to move more than 300 personnel from Boston State Hospital to the other area programs of the region. In addition, approximately 200 patients from the Boston State Hospital psychosocial rehabilitation service and the medical-geriatric units were also to be moved to both Region VI area programs or to other regions based upon former addresses and family interest. The entire personnel transfer plan was developed on the basis of a need formula for each area. Close liaison with the union and area directors, as well as daily participation of a highly-experienced regional office staff person started the program rolling smoothly.

In the Boston State Hospital, the new Institute for Rehabilitation & Research building was opened and a number of research programs moved in. The May Unit and Austin Unit of the hospital were made almost completely autonomous, with separate control of patients by the Boston University and Bay Cove area directors respectively, including commitments.

In the Bay Cove program, a long standing plan to develop space at the Lemuel Shattuck Hospital for the inpatient unit to replace the Austin Unit was dropped. The new long-range plan is to find such space in the Bay Cove area. The Bay Cove program also had approved a request for construction funds for an emotionally disturbed children's day program.

In the Massachusetts Mental Health Center area, a lengthy search procedure continued throughout the year for an area director. This also involved a Harvard Medical School committee. A director was chosen and accepted the position, to begin in January, 1975. Throughout the year much effort was also expended in unitizing the MMHC program into four sub units, involving the four sub areas of the catchment area. After prolonged planning, the Cardinal Cushing College was not approved for purchase by the Governor; however, some children's programs of the Mass. Mental Health Center area were continued at the site through lease of space.

In the Boston University area, the name of the center that was being completed was changed to the Dr. Solomon Carter Fuller Mental Health Center through the interest of the community, professionals and legislative leaders. In addition, a task force of Administration and Finance personnel, B. U. professionals, regional office personnel and central office administrators met bi-weekly in order to complete plans for equipping and opening the new center.

In Harbor area, program components in the community have continued to maintain a low inpatient census. A children's staffing grant was obtained from the National Institute of Mental Health which will strongly enhance programs for emotionally disturbed children throughout the area. An inpatient program for children under the auspices of the League School was also started.

At the regional level, the regional council increasingly became involved in program and budget review. Several programs such as the Center Club came under the purview of the regional office and council. In addition, a human services council was continued monthly involving the various human services agencies. This council sponsored a training session for middle management as well as a review of several programs in which agencies had to work together to resolve problems.

The regional office also sponsored a series of meetings beginning in the summer of 1974 concerning busing and desegregation. Various area program personnel became better acquainted and worked in closer coordination concerning these issues. A group consisting of area child mental health and mental retardation coordinators, regional personnel, and members of the Boston School Department, Division of Special Education, met monthly to begin to implement and carry out the requirements of Chapter 766.

In closing, this has been a year of hard work and uncertainty due to the problems of the fiscal year '75 budget and development of the '76 budget, but also a year in which program components and costs were delineated better than ever before.

The emphasis of the year was upon further phasedown of the Boston State Hospital, on sharper focus upon solidly-based community programs, and further involvement of our children's programs in Chapter 766.

Arthur J. Bindman, Ph. D., M. P. H.
Mental Health Administrator
Region VI

MENTAL RETARDATION

Our regional efforts this past year saw the stabilization of new community residence and activity programs under deinstitutionalization begin to bear fruit. Efforts were initiated to involve responsible community voluntary agencies in work with retarded children and multiply disabled retarded adults. The regional council mental retardation subcommittee task was broadened to include far-reaching responsibilities for budget review, program planning and active participation in Title XIX efforts.

A new and much needed volunteer program identified as the "I Care" program is nearing fifty volunteers, all of whom give at least two hours a week steadily to a wide variety of the Region's programs.

Closer relationships with Fernald and Wrentham State Schools are expected to lead toward eventual geographic unitization, though considerable work to effect this result is still needed.

Mass. Mental Health Area

The two highest programmatic priorities were partially realized during the year. A title IV-A contract for May - June 1974 was signed and helped to develop a day activity program for retarded adults. Two Mass. Mental Health Center positions were provided to continue the program beyond July. The reallocation of five MMHC positions to the Developmental Disabilities Unit enabled the development of a therapeutic-educational program for multihandicapped children.

A training grant submitted to DMH by MMHC was approved but not funded. It provides for the training of eight graduate and post graduate sutdents in the area of developmental disabilities.

Boston University Area

The Mental Retardation Unit of the Dr. Solomon Carter Fuller Mental Health Center (B. U. Center for Exceptional Citizens) made many significant program changes during the past year. The most significant was the development of the Early Intervention and Stimulation Program for Exceptional Children. This program serves multi-handicapped children with severe to profound multiple handicaps.

The Center expanded the pre-school program during the year to include a contractural agreement with parents.

A developmental day care class was started, the adult day care program for severely impaired mentally retarded adults residing in the community was expanded and, two social workers were added to the adult mental retardation staff to serve the large number of severely retarded adults living in the community.

Perhaps the most exciting area was an application to the Department of Com-

munity Affairs for the development of a Group Home located in Roxbury. The application has been approved.

A new program in cooperation with the Boston Public School Department of Special Services was implemented and serves seven school age, acting out, learning disabled children, who because of their severe behavioral problems, cannot attend school.

Clinical services to our clients and their families were reorganized around a family services model. Services to our Spanish speaking clients need to be enhanced. With more referrals we are unable to serve this population adequately. A diagnostic and evaluation team was established to coordinate clinical services. Also of significance was the development of our Respite Care Home located in the community.

Harbor Area

During the past year the Harbor Area program consolidated and strengthened a broad range of services for mentally retarded citizens of all ages. The Infant Stimulation Program was expanded with funding from the National Institute of Mental Health and the Office for Children

Two clinical nurseries changed from geographic to homogeneous grouping. Two Developmental Day Care programs concentrated on activites of daily living and language for school aged children. Three adult day activity programs served 30 people who continued to live at home. Three community residences increased their census to 19 and provided much needed respite care on short term basis.

Bay Cove Area

The Mental Retardation Unit of the Tufts Mental Health Center has been renamed and realigned to become known as the Bay Cove Developmental Disabilities Unit. The unit has become formally linked to the New England Medical Center Hospital through the Department of Child Psychiatry.

We have also reached agreement with the adult psychiatry services of the New England Medical Center to operate a program for disturbed/retarded adolescents and adults in a day hospital. In addition, Bay Cove DDU was awarded $5,014 to develop its first community residence program. The program will serve nine residents.

During 1974, the Developmental Disabilities Unit of the Boston State Hospital was involved in rendering continued support to developmentally disabled children and adults in the community. DDU programs consist of a residential treatment program for retarded adults, a pre-vocational program for adult students designed to upgrade their social and vocational skills, a special education program for retarded adults, three community clinical nursery schools for children and a small outpatient program offering diagnostic evaluations and consultation to schools and community agencies.

William A. Fraenkel, Ph. D.
Mental Retardation Administrator
Region VI

MENTAL HEALTH

The fundamental issue for Region VII mental health administration during 1974 has been the further development of administrative leadership and management systems in each of our seven areas.

Through a system of staff assistance visits, a regional office team visited each of the areas twice. It became clear that a major weakness existed in leadership and management in a majority of them. Steps have been taken to clarify leadership, accountability, and development of both management capability and comprehensive mental health center goals. A weekly regional executive committee was formed to accelerate the pace of administrative development in the seven areas.

Regional Advisory Council

In 1974 it became evident that the regional advisory council was not an effectively organized body. A mutual decision between the council leadership and regional office staff led to termination of the prior organization and formation of a new council.

Children's Services

A regional coordinator of children's services was appointed July 1. The major issues were flexible children's money, the need for residential programs for emotionally disturbed adolescents, the need to develop comprehensive plans for essential children's services in all seven areas, and coordination with mental retardation programs.

New major mechanisms for dealing with these problems are the regional children's coordinator committee, interdepartmental team, the Walnut Lodge task force for residential services, and the regional review board for Chapter 766.

Legal Medicine

The primary focus has been on fostering relationships between area mental health personnel and the police and expansion of the mental health program for Fall River parolees to include those at the Plymouth Forestry Camp. A third important effort has involved consultation and education primarily for personnel of Taunton and Foxboro State Hospitals, particularly in reference to the individual who exhibits violent behavior.

Taunton State Hospital

In 1974 unitization of Taunton State Hospital was completed. Resources and personnel were gradually transferred or reassigned to area units or to service in communities.

Taunton State Hospital was re-accredited for a full year.

Cape Cod and the Islands

Ground breaking occurred for the Cape Cod Mental Health Center in Pocasset. The Cape Unit census at Taunton was reduced beyond its original goal. Three halfway houses have emerged along with one group home, taking 32 persons from Taunton State Hospital and Dever State School.

Individual issues include expanding Federal and local funding, staffing and equipping the future Pocasset Center and refinements in the area plan.

New Bedford

Accomplishments in 1974 include establishment of a 20-bed inpatient crisis intervention psychiatric unit at Union Hospital with three beds for children, a billing system to collect medicaid and other third party payments, and two new cooperative apartments opened for ten ex-Taunton State Hospital patients.

Greater Fall River

Principal focus was on development of an area plan for the 1976 budget. The "in-house" Corrigan Mental Health Center services as well as all community programs considered.

A second group home for the retarded from Dever (17 - 18 year olds), and a striving to overcome zoning problems of the first group home (Gallagher Home for over 21) were major considerations.

System-change priorities for the year included more emphasis on prevention in terms of additional affiliation agreements, establishment of a bi-weekly medication review clinic, extending outreach efforts, and keying-in on aftercare.

Taunton Area

Major issues were: reallocating Taunton State Hospital personnel and support resources to the Taunton area program: developing community prevention programs and crisis intervention and aftercare systems; improving the quality of inpatient care at Taunton State Hospital, developing an effective area administrative system, developing quality of care evaluation procedures, planning for 24-hour emergency crisis intervention, and planning for alternatives to hospitalization.

Efforts, meanwhile, were successful in integrating area program administration and Taunton State Hospital unit administration, integrating services, developing an area administrative structure based on Matrix theory with three dimensions - administrative functions, geographical generalist services and centralized specialist services - and continued expansion of local geographical community citizen boards.

The boards were encouraged to seek grant and local funds and several innovative programs resulted (day care, mini-school, youth-day programs, and staff positions in centers).

Plymouth

The area board in Plymouth is newly emerging as an active citizen force, with much effort made in clarifying organizational structure and administration.

The major issue here is the general lack of community mental health programs including local hospitalization, partial hospitalization, and community residences.

Foxboro State Hospital

At Foxboro State Hospital in 1974 the main thrust was in the phase down process toward conversion by July 1, 1975, into a community mental health center.

During the year, the medical-geratric unit and the alcoholic unit were operated as specialized units.

The Walnut Lodge, a public medical facility which had been operated by the hospital since its incorporation in 1952, was closed in November 1974.

Of significance was the increase in outpatient and community services through the redeployment of a good portion of employees who had formerly spent most of the time inside the facility.

Foxboro-Attleboro Area

Announcement of a planned phase down of Foxboro State Hospital and a substantial budget cut proposed in the hospital's operating funds gave new impetus and dimension to area office considerations. The perspective was that a hospital phase down could require that all other MH/MR service programs would now have to review and revise their own traditional roles in the area network of service, and that a definite "phase up" of alternate modes of delivering adequate MH/MR services would have to be developed.

In mid-July the area office was augmented by a coordinator of community development, with responsibility for developing one or more community residences.

Crisis teams are now operational five days a week, a small 314D grant for providing foster (respite) care on a short-term basis was approved, and a plan is underway to set up an area-wide mechanism for screening, reviewing, transferring and following cases in the area.

This will bring the hospital unit and the local clinic into closer inter-action and will include an area administrative structure to insure continuity of care and quality control.

Brockton Area

Three new community programs were inaugurated: East Bridgewater, Stoughton and Brockton. The Brockton Multi-Service Center was opened with the following agencies involved. Department of Mental Health, Department of Public Health, Office for Children, Brockton Area Human Resources Group, Brockton Area Drug Program and the Health Department, City of Brockton.

Also two community residences were established. Services at Sun House were expanded. As a result Foxboro State Hospital population was reduced with quality care maintained.

Robert M. Kaplan, M. D.
Mental Health Administrator
Region VII

MENTAL RETARDATION

A vigorous effort by citizens and DMH staff has produced a Title XIX plan for the Paul A. Dever State School. This plan calls for the eventual placement of approximately 300 residents from the state school into alternative settings in the community during the next three to five years. Placements would be into: community residences, family care, nursing homes, and intermediate care facilities for the mentally retarded. Further planning for Title XIX will continue in 1975.

The Regional Office was allocated several new positions to work in mental retardation. These staff will work with community residence programs and with area boards and other citizens groups. They will provide follow-along to deinstitutionalized residents of the state schools and will provide training to staff and do research and planning.

A community residence for children was opened in Fall River sponsored by People Incorporated. This facility provides a home-like atmosphere for six children who had been at the state school.

A social service contract has been written with New Bedford Child and Family Services, Inc. in New Bedford. The purpose of this contract is to develop family care homes for the placement of children from the Paul A. Dever State School. This is a joint effort of DMH and the Department of Welfare. Rainbow House - a Community Residence for men in New Bedford, was funded as of October 1, 1974 by the Division of Mental Retardation via the Community Programs Project. Rainbow House has been in operation for several years as a private non-profit organization and is really a pioneer in the communitization effort in the field of retardation.

There is a continuing effort to phase down Foxboro State Hospital. Part of this effort is the ongoing planning for the placement of those patients at Foxboro State Hospital who are diagnosed as being mentally retarded.

Initial planning for a community residence and day program to be established in 1975, took place in December, 1974. The residential and day program would serve eight patients from Foxboro State Hospital.

A second Community Clinical Nursery School was started in the Plymouth area. The opening of this program enables us to work with a group of pre-school mentally retarded children who were not previously served.

MAIN ISSUES

The need is for, on the one hand, increasing the resources available to the Paul A. Dever State School while, on the other hand, reducing the present population in residence at the school. Title XIX planning, past and future, is very much a part of this effort. If we are to meet accreditation requirements many more changes must take place. Related to this is the development of appropriate community programs in order to help reduce the population of the state school, minimize the demand for admission, and provide needed services, when possible, in the individual's home community. The range of residential services needed includes pediatric nursing homes, group homes, foster homes, and nursing homes. The range of day programs needed includes infant stimulation programs, community clinical nursery schools, public school programs particularly for the moderately and severely retarded, day activities programs, recreation programs, sheltered workshops, and vocational training programs. Also required are improved or more accessible diagnostic and evaluation services, parent counseling services, genetic counseling services, etc.

Albert W. Martin, Ed. D.
Mental Retardation Administrator
Region VII